

Michigan State Housing Development Authority
CHECKLIST MSHDA PROGRAMS

(Issued under P.A. of 1966 as amended and Section 8 of the U.S. Housing (program) Act of 1937.)

Complete a separate form for each household member who is age 18 or older.

Name:	Unit Number:
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	Yes	No	COMPLETE EACH ITEM:
1			I am a citizen of the United States or a permanent legal resident.
2			I am presently a student. Check one: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other _____
3			I was a student sometime during the past twelve-month period or anticipate becoming a student at sometime during the upcoming twelve-month period.

INCOME			
4			I have a job and receive money/wages, tips or bonuses. (List the businesses or companies that pay you.) _____
5			I am self-employed. (List the types of jobs you do.) _____
6			I receive Social Security or Rail Road Retirement Act income.
7			I receive Supplemental Security Income (SSI).
8			I receive quarterly payments from FIA for the State-paid portion of a SSI grant.
9			I receive unearned income for a family member(s) age 17 or under (e.g.: Social Security).
10			I receive periodic payments from retirement funds or pensions. If yes, how many funds or pensions? _____ List name(s) of fund or pension provider. _____
11			I receive disability or death benefits other than Social Security.
12			I receive Veteran's Administration benefits.
13			I receive Public Assistance.
14			I receive cash contributions or gifts including rent or utility payments, on an ongoing basis from persons not living with me.
15			I receive unemployment benefits.
16			I receive periodic payments from Workers' Compensation.
17			I receive periodic payments from trust, annuity or inheritance. If yes, from how many sources? ____
18			I receive income from rental of real estate or personal property.
19			I receive periodic payments from lottery winnings.
20			I receive adoption assistance payments.
21			I receive alimony.
22			I receive GI Bill benefits.
23			I receive military active duty allotments.
24			I am a member of an Indian Tribe receiving gaming payments.

	Yes	No	COMPLETE EACH ITEM:
25			I receive periodic payments from insurance policies, if yes, how many policies? _____
26			I receive long term care insurance payments that exceed \$180/day or \$67,000 annually.
27			I receive other recurring or periodic income not listed above. Describe _____
CHILD SUPPORT			
28			I receive child support. If yes, from how many parents do you receive support? If yes, is child support paid directly to FIA? Yes No
29			I have been awarded a judgment for child support but have not been receiving payments.
30			I anticipate filing a claim for child support within the next twelve months.

ASSETS			
(Include all assets held or owned either in or outside of the United States)			
31			I have a savings account(s) at: _____ (List name(s) of institution)
32			I have a checking account(s) at: _____ (List name(s) of institution)
33			I have certificates of deposit at: _____ (List name(s) of institution)
34			I have cash held in my home or in a safety deposit box.
35			I have savings bonds. If yes, how many? _____
36			I have Treasury Bills. If yes, how many? _____
37			I have stocks.
38			I have bonds
39			I have mutual funds.
40			I have IRA's or Keogh account(s) at: _____ (List name(s) of institution)
41			I have time certificate(s) at: _____ (List name(s) of institution)
42			I own real estate. If yes, how many properties? _____
43			I own a mobile home.
44			I have land contracts. If yes, how many? _____
45			I hold a mortgage or deed of trust.
46			I have revocable trusts. If yes, how many trusts? _____
47			I have whole life or universal life insurance policy(ies). If yes, how many policies? _____
48			I have personal property held for investment purposes (gems, jewelry, collections, etc.).
49			I have lump sum receipts or one-time receipts.
50			I have another name(s) listed on one or more of the above assets for beneficiary or other purposes, such as, power of attorney. These other persons do not own the assets and receive no income from the assets.
51			I have joint ownership on one or more of the above assets.

	Yes	No	COMPLETE EACH ITEM:
52			I have income/assets from sources other than those listed above. (Describe) _____
53			A member of my household is under the age of 18 and has assets (see Question #63 for list of assets). (Describe) _____
	Yes	No	COMPLETE EACH ITEM:
ALLOWANCES / DEDUCTIONS (Complete the items below for Section 8, Section 236, and Moderate Projects Only)			
54			I am Elderly (age 62 or older), Handicapped or Disabled and pay Medicare premiums.
55			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical insurance premiums, other than Medicare.
56			I am Elderly (age 62 or older), Handicapped or Disabled and pay medical or prescription or chore provider expenses which are not reimbursed by insurance.
57			I am Elderly (age 62 or older), Handicapped or Disabled and pay long term care insurance premiums.
58			I pay child care expenses for a child age 12 or under in order to be gainfully employed or to further my education.
59			Family Independence Agency (FIA) pays child care expenses for a child(ren) age 12 or under in order for me to be gainfully employed or further my education. If yes, FIA pays full partial.
60			I pay handicap care expenses for a handicapped/disabled family member in order to be gainfully employed.
61			I pay handicap equipment expenses for a handicapped/disabled family member which are not covered by insurance.

OTHER ITEMS			
62			I have provided proof of Social Security number (or certification) for all household members five (5) years of age and older. (The certification for individuals under 18 years of age will be executed by a parent or guardian.)

DISPOSAL / DIVESTITURE OF ASSETS (all tenants and prospective residents in all types of projects must complete the section below)			
63			<p>I have sold, given away or otherwise transferred ownership of assets within the last two (2) years. <u>Initial</u> the "Yes" column or the "No" column at left. If yes, list item(s) and date(s): _____</p> <p><i>Assets include cash (totaling in excess of \$999), cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investments, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, retirement and pension funds, lump sum receipts (i.e., lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e., gem or coin collections, paintings, antique cars, etc.). Do not include necessary personal property such as furniture, automobiles, and clothing.</i></p>

Under penalties of perjury, I certify that the information presented in this certification is true and accurate to the best of my (our) knowledge. The undersigned further understands that providing false representation herein constitutes an act of fraud. I will notify the Resident Manager when circumstances change, for possible recertification. False, misleading or incomplete information may result in the termination of the lease agreement and/or benefits.

Applicant / Tenant Signature

Date